

## Semi-structured Interviewing Guide (SSIG)

	Background/Relationship	Pre-Intimacy	Intimacy	Post Intimacy
<b>Social/Context</b>	<input type="checkbox"/> What was your relationship with [NAME] like at that time? <input type="checkbox"/> Were other people you know of your relationship with her? How? <input type="checkbox"/> Have you ever been/discussed getting tested for HIV with [NAME]?	<input type="checkbox"/> When did you get together before becoming intimate? <input type="checkbox"/> What else was going on? <input type="checkbox"/> Who was around? Where were you? How familiar were you with where you were?	<input type="checkbox"/> Where did you have sex? <input type="checkbox"/> How much privacy did you have? <input type="checkbox"/> Was anyone else around or nearby?	<input type="checkbox"/> Who did you interact with immediately after? <input type="checkbox"/> Who did she interact with immediately after?
<b>Behavior</b>	<input type="checkbox"/> What was your sexual history with [NAME] before this time (e.g., first time, etc.)? <input type="checkbox"/> What was your usual sex routine?	<input type="checkbox"/> What happened? <input type="checkbox"/> Where did you go? <input type="checkbox"/> Who initiated the first move? <input type="checkbox"/> Did you talk about having sex?	<input type="checkbox"/> What happened first, second, etc.? Was there oral sex (give/receive), vaginal sex, anal sex?	<input type="checkbox"/> What did <b>YOU</b> do/go? <input type="checkbox"/> What did <b>SHE</b> do/go? <input type="checkbox"/> Did you make plans to meet?
<b>Thoughts, Decisions</b>	<input type="checkbox"/> What were you thinking about your relationship with [NAME] when you had sex that time? <input type="checkbox"/> How do you usually decide to have sex with her?	<input type="checkbox"/> What were you thinking? <input type="checkbox"/> Did you think you would have sex with her? <input type="checkbox"/> How did you decide to have sex? <input type="checkbox"/> What did each of you hope to get out of the sex?	<input type="checkbox"/> What were you thinking? <input type="checkbox"/> How decide vaginal/anal sex? <input type="checkbox"/> What did you decide about condoms during that time? <b>[SEE BELOW]</b>	<input type="checkbox"/> What were you thinking about at this point? <input type="checkbox"/> Where you worried about anything after?
<b>Feelings</b>	<input type="checkbox"/> What did you feel about your relationship with [NAME] when you had sex that time?	<input type="checkbox"/> What were you feeling (you mood) during sex? <input type="checkbox"/> What do you think she was feeling (her mood)?	<input type="checkbox"/> What were you feeling (mood)? <input type="checkbox"/> What do you think she was feeling?	<input type="checkbox"/> What were you feeling (mood)? <input type="checkbox"/> What do you think she was feeling (mood)?
<b>Alcohol &amp; Drug Use</b>	<input type="checkbox"/> What role did alcohol or drugs play in your relationship with [NAME] at that time? <input type="checkbox"/> What role did alcohol or drugs usually play in your sexual relationship with [NAME]?	<input type="checkbox"/> Who drank/did drugs? <input type="checkbox"/> What? <input type="checkbox"/> How much? <input type="checkbox"/> Who started? <input type="checkbox"/> Whose idea was it to drink/use? <input type="checkbox"/> What role did alcohol or drugs play in initiating sex?	<input type="checkbox"/> Who drank/did drugs? <input type="checkbox"/> What? <input type="checkbox"/> How much? <input type="checkbox"/> Who started? <input type="checkbox"/> What role did alcohol/drugs play in your decision to use/not use condom?	<input type="checkbox"/> Who drank/did drugs after having sex with [NAME]? <input type="checkbox"/> What? <input type="checkbox"/> How much? <input type="checkbox"/> Who started?
<b>Condoms</b>	<input type="checkbox"/> How common is it for you and [NAME] to use condoms? <input type="checkbox"/> How common is it for you and [NAME] to talk about using condoms? <b>If condom use is typical :</b> <input type="checkbox"/> Who is usually responsible for bringing or buying them? Where? <b>If condom use is not typical:</b> <input type="checkbox"/> Why not? <input type="checkbox"/> Do you want to use them? <input type="checkbox"/> Do you ever talk about them? <input type="checkbox"/> Do you want to talk about them?	<input type="checkbox"/> Did you think about if you had condoms? <input type="checkbox"/> Were condoms available? <b>If available:</b> <input type="checkbox"/> Where were they? <input type="checkbox"/> Who brought them? <b>If NOT available:</b> <input type="checkbox"/> Why not available? <input type="checkbox"/> Did either of you consider getting some? <input type="checkbox"/> Did either of you consider NOT engaging in sex?	<input type="checkbox"/> Did you use condoms? <input type="checkbox"/> For which activities? <input type="checkbox"/> Any time didn't use condom for intercourse? <input type="checkbox"/> Any discussion about using a condom? What? When? <input type="checkbox"/> How did you decide to use or not use condoms? Whose idea was it? <input type="checkbox"/> What does [NAME] think about condoms?	<input type="checkbox"/> How typical was your use of condoms during that time? <input type="checkbox"/> How did the experience affect how you think about using condoms? <input type="checkbox"/> Would you change how you use condom in the future with [NAME]? <input type="checkbox"/> Under what circumstances/conditions would you use/not use condoms the next time you were with [NAME]?
<b>Compare</b>	<input type="checkbox"/> How typical is your relationship with [NAME] compared to other sex partners? <b>If Men mentioned:</b> <input type="checkbox"/> Compare this to your sexual relationships with men?	<input type="checkbox"/> How similar or different is this from other times that you started to get intimate? <b>If Men mentioned:</b> <input type="checkbox"/> How similar is this to times you became intimate with men?	<input type="checkbox"/> How similar or different is this from other times that you had sex with [NAME]? <b>If Men:</b> <input type="checkbox"/> How similar is this to times you had sex with men?	<input type="checkbox"/> How similar or different is this from other times you have had sex? <b>If Men:</b> <input type="checkbox"/> How similar is this to times you had sex with men?